

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026860

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

326

Primary Registration District No.

4492

Registrar's No.

142

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY

Scotland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Scotland

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN MemphisLength of stay in 1b
Most of lifec. CITY
OR
TOWN Memphis,Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Rose

Middle Bell

Last Rockwell

4. DATE
OF
DEATH

Month

Day

Year

July 3, 1963

5. SEX
F6. COLOR OR RACE
W7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
7/8/18879. AGE (last birthday)
75IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Coffee Co., Kansas12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Myron Bissel

13b. MOTHER'S MAIDEN NAME

Sadie Durben

14. NAME OF HUSBAND OR WIFE

Horace Rockwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Victor Patton, Memphis, Mo

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

1962

3 AM

to July 3 1963

and last saw her alive on

July 3 1963

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L. E. Lowe Do

22b. ADDRESS

Memphis Mo

22c. DATE SIGNED

7-11-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

July 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

McAdow Cemetery

23d. LOCATION (City, town, or county)

Scotland County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

GERTH & BASKETT

MEMPHIS, MO

25. DATE RECD. BY LOCAL REG.

7-12-63

26. REGISTRAR'S SIGNATURE

Vera E. Turner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0990

2 0990-

3

4 1

5 2

6

7 1

8 2

9 4201

10

11

12 90-2

13 10

100-120-848

FILED 10-11-54

0120
-0080

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George Smith

Licensed Embalmer No. 5091

P. O. Address Memphis, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.